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ABSTRACT

This report creates a framework for child welfare reform in Arizona that balances continued improvements in the current system with simultaneous testing of a more fundamentally restructured system. A new service delivery system that integrates the separate child welfare, juvenile justice, and children's mental health systems is recommended. Arizona's fragmented services to children are contrasted with several examples of successful family services in other states. The need for a family services administration is stressed. Crises in the state's child protective and foster care services are described. A public-private partnership that would provide an adequate shelter system is encouraged. The Orangewood Foundation in California is offered as a model of such a partnership. The issues of turnover, salaries, and training of child service staff are discussed. The development of a priorities-setting system for child welfare and behavioral health services is recommended. The Ventura Project in California is suggested as a model of such a system. The report concludes that an integrated family-based system should be established to respond to the needs of children and families. A list of 27 references is provided. (BC)

A FRAMEWORK FOR CHILD WELFARE REFORM IN ARIZONA

The Children's Action Alliance

1990

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A FRAMEWORK FOR CHILD WELFARE REFORM IN ARIZONA

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ABOUT THE CHILDREN'S ACTION ALLIANCE

The Children's Action Alliance is a statewide non-profit organization that works on behalf of Arizona's children through research, education, and advocacy. Our goal is to increase understanding of the high economic and social stake that we have in what happens to our children.

The Alliance's work is focused primarily on vulnerable children and families and includes a broad range of issues and collaborative efforts to create a prudent investment in Arizona's youngest citizens. The Board of Directors is made up of business and community leaders who believe that the quality of life of our state's children is the most important determinant of Arizona's future.

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O V E R V I E W

The risks to kids today are enormous. Drugs, particularly cocaine and crack; homelessness; lack of prenatal care leading to malnourished kids or disabled newborns--all add up to a crisis for kids and families. The child welfare system clearly has to do a better job of protecting children. As a nation we also have to deal with these social issues at the front end, to prevent the need for intervention.

Gregory L. Coler,
Chairman of the National Commission on
Child Welfare, and Family Preservation

The child welfare system* in Arizona is in crisis--leaving the well-being of thousands of Arizona's children in jeopardy. Over the past number of years the demands on the system have intensified as a result of skyrocketing numbers of homeless families, growing child poverty, proliferating substance abuse, and increasing reports of abuse and neglect.

When families experience these and other stresses to the point that parents' ability to care for their children is questioned, the public child welfare system is brought into play. More than three-fifths of the states reported to the House Select Committee on Children, Youth, and Families in 1986 that the deteriorating economic conditions faced by many families were a primary contributor to the increases in child abuse and neglect since 1981. In this context, some specifically cited reductions in the help provided to low-income families by cash assistance programs and in-kind programs such as medical care and housing assistance. Homelessness, for example, puts children at increased risk of abuse.

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* According to the Child Welfare League of America, child welfare involves providing social services to children and young people whose parents are unable to fulfill their child-rearing responsibilities or whose communities fail to provide the resources and protection that children and families require. Child welfare services are designed to reinforce, supplement, or substitute the function the parents have difficulty performing and to improve conditions for children and their families in order to ensure the safety and well-being of the children.

Child Welfare Services: Overburdened And Underfunded

Today's child welfare system can respond to children and families only in very limited ways. Even within its traditional service areas--child protection, foster care, and adoption--the system is overwhelmed and has great difficulty carrying out such basic responsibilities as timely investigation of abuse reports or appropriate foster care placement. Caught in a crisis mode itself, Arizona's child welfare services can rarely address conditions that precipitate family crisis.

Around the country, the demand for services in cases of reported abuse and neglect has taxed severely even the most competent child welfare staffs and agencies. In Arizona in the last three years the number of child abuse reports has grown by over 36 percent, while staff to investigate and provide services to those families has increased by only 5 percent. The number of secure beds for juvenile delinquents in Arizona has grown by 150 percent in the last 10 years at a cost of $30,000 per bed per year, while absolutely no funds have been expended to assist families in dealing with incorrigible and pre-delinquent youth. Arizona has the third highest juvenile incarceration rate in the country.

State's System Leaves Thousands of Children in Danger

Because of extreme staff shortages due to underfunding, Child Protective Services (CPS) has initiated a case priority system. This system has resulted in CPS not investigating about 15 to 20 percent of the reports deemed appropriate for investigation. These uninvestigated reports translate into about 3,000 cases over 1988-1989 or approximately 5,000 child victims. Not investigating such cases not only is a violation of state law, but more important, with state knowledge children are being left in dangerous and potentially life-threatening situations.

When Help Comes It's Too Late

Beyond the Department of Economic Security's (DES) child protective services functions, there is no organized social service delivery system which provides services to children and families in Arizona. Most of the services that do exist assist families only after a problem has reached crisis proportions. The main systems attempting to help parents with the care of their children--including particularly the child welfare, mental health, and juvenile justice systems--not only are reactive by design, but currently are so overwhelmed that they have little leeway to work with families "early" enough to head off the conditions precipitating family crisis. The result is that by

the time most current services are called into play, much damage to children and families is irreversible; at best, services are only able to forestall even worse crises.

How Arizona Stacks Up

According to two major studies released in January 1990 by The Children's Defense Fund ("Children 1990: A Report Card, Briefing Book, and Action Primer") and The Center for the Study of Social Policy ("Kids Count," 1990), Arizona falls far below most states in critical measurements of our children's well-being.

The report from the Center for Social Policy reveals that the composite regional rankings for Arizona on key indicators of child well-being places Arizona behind 11 of the 12 states in our region: behind Utah, Alaska, Hawaii, Wyoming, Washington, Montana, Oregon, Colorado, California, Idaho, and Nevada. Only when compared to New Mexico does Arizona come out ahead. According to The Children's Defense Fund's "Report Card," on its 10 key indicators of children's well-being (prenatal care, infant mortality, low birth weight, teen birth rate, births to unmarried girls, paternities established, child poverty, affordable housing, high school graduation rate, and youth unemployment), Arizona and Maryland ranked the worst, "showing stagnation, deterioration, or inadequate progress in nine out of 10 measures."

Structural Inability to Deal with Multiple-Problem Children

Even when an agency connects with a family in crisis, it is often unable to address the multiplicity of problems that confront the family and its children. Due to the the categorical constraints in the design, organization, and financing of existing services to families and children (as stated in the 1987 report from the Center for the Study of Social Policy), these constraints encompass or lead to all of the following:

- Service workers trained and accountable for identifying and responding to single problems, but not prepared to recognize or address other problems that may be putting a family or child in crisis.

- Individual members of families being served in isolation from other members, even though the causes and solutions to their specific needs may lie in changing family circumstances.

- Multi-problem families finding themselves subject to numerous needs assessments and service plans, becoming applicants for several separate and distinct programs and being served by multiple, unrelated professionals out of different agencies and locations.

Long-Term Societal Costs

The number of children--soon to be adults--in our society is dwindling. In the year 2000, there will be 5.4 million fewer Americans between ages 18 and 24 than there were in 1980. As the percentage of our population that consists of children and young workers continues to shrink, we will need to prepare each of them--minority and white, poor, and rich--to be fully productive.

Yet, at the same time as the age group shrinks, a larger proportion of that group--more than one-third--will be poor, minority, and destined for "rotten outcomes." These are the children whose families are experiencing epidemic drug and alcohol problems, who are dropping out of school, getting pregnant far too early, and ill-prepared for the adult world. Many of these children find themselves a statistic in an overburdened child welfare system.

Purpose of the Report

This report creates a framework for child welfare reform in Arizona. The challenge of striking a balance between continued incremental improvements in the administration of the current system while at the same time testing a more fundamentally restructured system must be recognized. Altering long-standing financing patterns that now primarily support out-of-home care requires a systemic approach to change, not just "layering on" a few additional resources within the current system. Implementing this approach will take years and require statutory, administrative, programmatic, fiscal, organizational, and practice-level changes.

In one sense the changes envisioned in this report will never be complete. There is no finished or ideal system of family and children's services. As knowledge expands, it will be necessary to develop still more effective methods for providing services. The recommendations in this report provide a structure for advancing this knowledge, while at the same time assisting the thousands of children affected by Arizona's systems of care.

The organization of this report reflects the desire to strike the balance between recommending systemic changes and layering on additional programs.

Section One discusses the need for a fundamentally restructured system. Section Two addresses specific actions necessary to deal with the present crisis within the child protective services and foster care systems. And Section Three discusses how the current system can be restructured.

The recommendations are summarized below. Full discussion of the recommendations are included in each chapter.

Recommendations

- A complete review of Arizona's child welfare, juvenile justice, and children's mental health systems should be conducted to examine and make recommendations on how the infrastructure might be changed. The long-term goal should be to develop a single system that serves vulnerable children and adolescents and has the capacity to assess, mobilize and utilize all of the various resources necessary to meet their multiple needs. (Chapter I)

- The legislature should consider creating a joint standing committee on children, youth, and families to provide for integrated, coordinated, and rational policy direction. (Chapter I)

- A family services administration should be created within the Department of Economic Security to provide services to pre-delinquent juveniles, low-priority CPS cases such as homeless children and those suffering from minor abuse and neglect, in addition to other family problem situations. (Chapter II)

- The Arizona State Legislature should appropriate adequate funds for the investigation of 100 percent of all reports determined appropriate for investigation, as well as provide adequate funds for case management and support services. (Chapter III)

- New culturally sensitive resources need to be developed to address the changing demographics of foster children, and adequate funding must be allocated to pay for these services. (Chapter IV)

- Comprehensive intake, evaluation, and short-term care facilities with on-site medical, psychological, and educational facilities and staff should be developed in urban areas. (Chapter IV)

- The Arizona State Legislature should respond to the DES three-year plan with 200 staff requested by the DES in their 1991 budget to begin to meet the needs of Arizona's child welfare system. (Chapter IV)

- Sufficient funds should be appropriated to begin the three-year DES plan to pay the actual cost of foster and residential care as determined by the Price Waterhouse Study (Three-year total: $3,150,000). (Chapter IV)

- A 60-bed diagnostic shelter and intake facility should be developed in Maricopa County through a joint public-private partnership at an estimated cost of $3 million. (This would also serve as a pilot and model for the development of additional facilities as needed.) (Chapter V)

- There should be a comprehensive review of qualifications, salary levels, recruitment, retention, and training of CPS workers and supervisors. (Chapter VI)

- A classification series should be established that provides a career ladder for CPS staff which has levels of promotion not requiring moving into supervision or management. (Chapter VI)

- A priorities-setting system for behavioral health services, targeting the most vulnerable children should be developed. It should give first priority to children at risk of entering a hospital, or any state institution for care. The next priority should be to children at risk of entering the child protective services, juvenile probation, or the public welfare system. (Chapter VII)

- As recommended by the Children's Behavioral Health Council, greater collaboration should occur among the various state agencies serving children in Arizona. Such collaboration should include joint planning, coordinated budgeting and contracting processes, and integrated services delivery. (Chapter VII)

SECTION ONE

A FUNDAMENTALLY RESTRUCTURED SYSTEM

CHAPTER I

A NEW DELIVERY SYSTEM

Recommendations

- A complete review of Arizona's child welfare, juvenile justice and children's mental health systems should be conducted, to examine and make recommendations on how the infrastructure might be changed. The long-term goal should be to develop a single system that serves vulnerable children and adolescents and has the capacity to assess, mobilize and utilize all of the various resources necessary to meet their multiple needs.

- The legislature should consider creating a joint standing committee on children, youth, and families to provide for integrated, coordinated, and rational policy direction.

For children and families in trouble, support from extended families, neighbors, churches, and community resources is often scarce. As a result, many vulnerable children and families are flooding Arizona's public child-serving systems. But the help they receive from child welfare, mental health, and juvenile justice agencies is generally too late and too fragmented. The number of youth and families in need of help has grown tremendously over the last few years. Yet the funds and services to assist the youth and families in need have not kept pace.

In the last three years the number of child abuse and neglect reports has grown by over 36 percent, while staff to investigate and provide services to those families has increased by only 5 percent. Secure beds for juvenile delinquents in Arizona has grown by 150 percent in the last 10 years at a cost of $30,000 per bed per year per bed while absolutely no funds have been expended to assist families in dealing with incorrigible and pre-delinquent youth. Arizona how has the third highest juvenile incarceration rate in the nation. Child protective services receive funds to investigate and serve only 85 percent of the reports it is mandated by law to deal with. Arizona is willing to pay $30,000 per year to incarcerate its children but not willing to pay for less to help a family prevent child abuse or neglect.

While programs directed at prevention and cost avoidance are almost nonexistent in Arizona, there does appear to be a commitment on the part of the public and policy makers to continue to fund programs which can only be accessed when children and families reach a point that their dysfunction becomes an issue of personal or public safety (e.g., CPS and juvenile corrections).

Children And Youth Services Can't Be Separated into Three Different Agencies

Arbitrary labels conceal children's needs and often deny them appropriate care. In Arizona, children in trouble are routed into one of three separate agencies and their cases pigeonholed accordingly. First, children identified as abused, neglected, or dependent--those "in need of protection"--are shuttled into the child protection system. Second, youths who are considered runaways, status offenders, or adjudicated delinquents--those "in need of rehabilitation"--generally are placed under the jurisdiction of the juvenile justice system. Third, seriously emotionally disturbed or mentally ill children--those "in need of treatment"--enter the mental health system. These systems are separately funded, bureaucratically distinct, and rigidly restricted in what kind of help they can provide. The people who are responsible for these separate systems are held accountable to spending funds only for the restricted categories of children and families they have been mandated to serve. Efforts at cooperation in serving families and children in a coordinated and integrated way are informal at best, often thwarted by the mandates of each agency, and driven by a bureaucratic protectionism growing out of a scarcity of funds.

Although such divisions of responsibility are tidy for those, running the programs and those who monitor the programs, families lives and children's problems do not neatly fit into such categories. Most at-risk children have similar backgrounds and overlapping, multiple problems. Other than DES services for very young children, little distinguishes the children in one kind of care or program from those in another, except for the fact that they enter through different doors. For example, almost all residential treatment facilities in Arizona treat children from child protective services, corrections, and the mental health system in the same facility with the same staff and the same programs. Judges polled in a national survey by the National Council of Juvenile and Family Court Judges said child abuse figured in the backgrounds of at least 70 percent of the boys and girls who come before them, including those charged with juvenile offenses.

Integration Is Needed

Where families and children are concerned, there is no integrated planning that provides direction and ensures that all accountable agencies are working in concert with each other to reach the common goal of improving the status of children and families in Arizona. There is no overall accountability except for what exists in the form of each agency being responsible for its narrow piece of the family's difficulties. Arizona's systems are set up to deal with pieces of the individual child's or family's welfare, not with their well-being as a whole. This serves to benefit only the special interest groups that tend to be helped by the individual pieces of the system but does not serve the best interests of the families and children who are supposed to be receiving services.

Exacerbating this fragmented system is the legislative process which divides children and family issues among several standing committees. Many child and family legislative issues cross agency and legislative committee lines. The nature of the present process makes it impossible to coordinate and integrate a coherent, rational direction.

The Children's Defense Fund in its 1989 publication, "A Vision for America's Future," recommended that children's juvenile justice, behavioral health, and child welfare services be integrated at the federal and state levels. The Arizona Joint Task Force on Child Abuse also recommended in its November 1989 report that:

> The concepts of the Interagency Case Management Project (ICMP) should be used to promote cooperative casework and treatment through the Departments of Economic Security, Health Services, Corrections and the County Juvenile Courts where appropriate...This concept has transformed the maze of bureaucratic cross-jurisdictional service delivery process into an integrated "system" approach that focuses solely on the adolescent. This pilot project combined the staff and resources of the Department of Economic Security, Maricopa County Juvenile Court, Department of Corrections and Department of Health Services. It served multi-problem and sometimes multi-adjudicated youth without regard to narrow eligibility definitions.

In its first annual report to the governor and the legislature the Arizona Children's Behavioral Health Council recommended that:

The Council institute an interdepartmental policy group, organized under the Intergovernmental Agreement committee, to systematically review departmental initiatives, assess their impacts on children's service delivery systems, and establish collaborative efforts which support compliance with statutory intent, and result in genuine systems change rather than more costly investments in the status quo.

These recommendations point to the need for better planning and integration of services, but they don't go far enough. Several states such as Connecticut, Delaware, and Rhode Island have created an interdepartmental consolidation of children's services. An integrated system is needed that has the capacity to assess, mobilize, and utilize all of the various resources necessary to meet the multiple needs of Arizona's vulnerable children, youth, and families.

CHAPTER II

ARIZONA NEEDS FAMILY SERVICES

Recommendation

A family services administration should be created within the Department of Economic Security to provide services to pre-delinquent juveniles, low-priority CPS cases such as homeless children and those suffering from minor abuse and neglect, in addition to other family problem situations.

The National Association of Public Child Welfare Administrators (NAPCWA) defines the mission of child protective services in the following manner:

> Child Protective Services are offered to children and their families by a single public agency mandated to protect children from abuse or neglect within their families or in foster care homes. Services are provided to strengthen families: to enable children to remain safe in the home; to temporarily remove a child who is at imminent risk from parental custody; or to pursue termination of parental rights and assure the child permanency in a substitute family if the custodial family cannot be preserved without serious risk to the child. These services are provided as an integral component of a larger child welfare system to enhance the well-being of the child, and of an even larger human service system which assures the basic needs of the child.

Prevention Is The Issue

In Arizona, the larger child welfare services delivery system mentioned in the above mission statement does not exist. Arizona's services delivery system lacks a statewide social services program available to low-and moderate-income families who do not meet the strict categorical eligibility requirements of current programs. Families in Arizona must fit categorical eligibility requirements in order to receive assistance. These categories include a very narrow definition of developmental

disabilities (only the most severe are eligible), delinquency, child abuse, mental illness, and poverty. Furthermore, in Arizona, public responsibility for children is assumed only when families are considered to have failed. There are many thousands of children and families in need of services which if provided in a timely manner would prevent their becoming eligible for much more expensive programs. Arizona's service delivery system ignores the basic axiom of "an ounce of prevention is worth a pound of cure."

Arizona's Fragmented Services to Children And Youth

Four major state agencies have a statewide mandate to provide services to children: the Arizona Department of Economic Security (DES), the Department of Corrections (DOC), the Department of Health Services (DHS), and the Arizona Supreme Court (ASC).

Within these agencies, child protective services, juvenile corrections, and mental health services are extremely expensive programs because they deal with families and children only after their symptoms become serious enough to meet their narrow definitions. A vicious cycle evolves because the definitions continue to be narrowed in order to stay within limited budgets, and problems consequently become more severe and more expensive.

Case Scenarios:

The following case scenarios demonstrate the type of situations which are not being served in any systematic way:

Case 1. Child protective services receives a report from a school nurse that two siblings come to school dirty, sleep during class and are often absent from school. Assuming that CPS investigates this situation (current staff shortages would preclude such an investigation) it's found the two children, ages nine and 11 have two younger siblings at home who are ages three and one. The head of the household is a single mother who works two minimum wage jobs in order to support her family. Between her two jobs she works a total of 60 hours per week. The family lives in a one-bedroom apartment. The three older children sleep on the floor in the living room and the youngest child sleeps in the bedroom with the mother. The apartment is filthy and in disarray. The mother admits to keeping the older children home from school to baby-sit when her neighbor who normally watches the children is not available. According to the mother the neighbor is not always available because of a drinking problem. The mother says that she cannot

afford to send her younger children to regular child care. This mother is a high school dropout who would like to obtain employment that pays more than minimum wage. Her husband has deserted her after the birth of their fourth child and refuses to pay child support even though he has adequate income to do so. The mother appears depressed and frustrated because of her inability to provide proper care for her children. In this situation there is no immediate danger to the children and they appear to be healthy, although the quality of care they are receiving is marginal. The mother has no relatives or close friends who can act as a support system. CPS does not accept the case for services because there is no immediate danger. Six months later CPS gets a call from the police on this family. The two youngest children have died in a fire in their apartment. The mother is believed to be at work but cannot be located. The police want CPS to take custody of the two surviving children.

Case 2. A family of two parents and four children under the age of eight have just moved to town on the promise of a job for the father. Upon arrival the family car has broken down, the job offer has fallen through, and the family only has enough money for a few days of food and lodging and no money for repair of the car which is necessary for the parents to seek employment. Although there are some possible sources of help for this family, there is no agency which can assist them in accessing those sources. One month later the family is receiving food stamps and living out of their car. The parents have almost given up looking for work, a difficult task without a car.

Case 3. The Department of Corrections is about to release a 16-year-old girl from one of its institutions but the family is saying that they will not take her home because they cannot handle her. The Department of Corrections refers the case to CPS since the child is technically "dependent" as a result of the parents' refusal to take the child home. CPS investigates and there is a court hearing and placement of the child in a foster home which can probably handle the girl no better than her parents. CPS then works with the girl's family to try to provide the support they need to have her eventually return home to them. What is unfortunate in this instance is that legal intervention becomes necessary in order for the family to receive services. This family could have been receiving counseling and other services to help them prepare for their daughter's return home. The cost of such services would have been substantially less than the thousands of dollars which will be spend on foster care.

A review of the above cases shows the major flaw in Arizona's service delivery system: the lack of a social services delivery system to provide general and preventive social services to children, youth and families.

The Department Economic Security at one point had social service units which could have assisted the families in the case scenarios. Those units were abolished a number of years ago because the funds and staff had to be diverted to Child Protective Services to handle the increasing demands on the system.

Programs That Work

> ...in the last two decades we have accumulated a critical mass of information that totally transforms the nation's capacity to improve outcome for vulnerable children. The knowledge necessary to reduce the growing toll of damaged lives is now available.
>
> Lisbeth Schorr
> Within Our Reach, 1988

Over the past 20 years, numerous and well respected studies have revealed that while there are many contributing factors to today's litany of child and family problems, by and large the information points to the obvious: rotten childhoods are highly predictive of rotten outcomes. Likewise, rotten outcomes are rare in children who experience good health, adequate nutrition, and consistent nurturance from a stable family. These studies generally agree on the need for large systemic changes, major investments in early life, local policies which back up families, and early and concentrated intervention strategies.

A number of pioneering states have implemented exciting state and local projects which are showing real promise. Following are a few examples:

- The Maryland Department of Human Services is pioneering Family Support Centers in seven sites. These drop-in centers serve to reduce teen pregnancy, improve adolescent parenting, enhance growth and development of children, and keep teen parents in school and job training. The centers are administered by a newly created independent entity called Friends of the Family. Initial legislative appropriation was $297,000, with an additional $100,000 from two private foundations. FY 1988 state funding was $1,000,000, with over $340,000 in private foundation funding.

- Missouri is the only state in the country with a statutory mandate to provide parent education and family support services in each of the state's 543 school districts. Based on the work of Harvard's Burton White, the basic concept of the Parent as Teachers (PAT) program is that parents are the child's first and most influential teachers, and that a child is 90 percent formed intellectually and socially by the age of three. All parents with children 0-3 are eligible, and special efforts are made to enroll parents of newborns and at-risk families. These families receive home visits that include information and help throughout the stages of their babies' development with the intent being to reduce stress, enhance the pleasures of parenting, and reduce the need for later remediation and special education. Funding was initially $2.7 million with additional support from the Danforth Foundation. FY 1988 totaled $11.4 million to serve 53,000 families. Extensive evaluation of the project with matched controls has documented impressive results.

- The Hawaii-state funded Healthy Start/Family Support Program was initially piloted by the Hawaii Family Stress Center for three years. The fundamental goal of the program is the prevention of abuse and neglect among high-risk young children, birth to five, through home-based services. During the initial three-year period, the program reached approximately 30 percent of all high-risk families on the islands at a cost of $1.6 million annually. Of the 175 project infants tracked for one year, there was no abuse in 100 percent and no neglect in 98 percent of the families receiving services. The pilot has now gone state-wide with passage of legislation and an appropriation of $6 million for FY 1990-91. The average cost of providing services annually ranges from $1,000 to $2,000 per family as compared to $6,000 for foster care.

Arizona's Short-Lived Prevention Effort

In the mid eighties, Arizona's Child Abuse Prevention Program (CAP) produced positive results similar to the above programs. In the program, child protective services investigations would determine whether there was potential abuse or neglect or minor abuse or neglect. Rather than becoming part of the child protective services system, these families were referred to CAP program units which provided an array of services directed at eliminating or reducing the factors that caused the abuse or neglect. An evaluation conducted by the ASU school of Social Work determined that the program was 97 percent successful during its first year of operation. Only 3 percent of the families in the program were referred to ongoing child protective

service programs by their case managers. The programs were found to be successful in dealing with such stress factors as heavy child care responsibilities, family discord, misuse of income, loss of control and self-esteem. This program was terminated because funds were needed for high priority CPS cases not receiving needed attention because of inadequate funding.

Further along the continuum of prevention and early intervention programs are those that provide short-term, intensive, family-based services to families with children at risk of placement in out-of-home care. These cost-effective programs are showing encouraging results. Following are a few examples:

- Homebuilders in Tacoma, Washington, the prototype for many other family preservation efforts, has been in operation since 1974. With caseloads of two to four families each, specially trained staff members provide intensive home-based services for no more than 12 weeks and connect families with other longer term supports. A 1986-1987 study showed that one year after Homebuilders' services ended, 87 percent of the assisted families had remained intact. Program costs range from $2,600 to $4,000 per family, a significant savings compared with the averted costs of out-of-home placements, which range from $7,186 to $22,373 and more.

- Familystrength in New Hampshire serves families of abused and neglected children, as well as youths adjudicated delinquent or in need of supervision. In 1986-1987 the average length of treatment for the 180 families served was 4.4 months, at an average cost of $4,800 per family of five. Seventy-six percent of the client families were still intact at the end of treatment despite the fact that earlier they had been at imminent risk of placement. The pre-family cost represented less than half of the average cost of foster care placement for even one child for one year.

- Maryland's Intensive Family Services Program (IFS) delivers comprehensive services to families through public agency teams made up of a social worker and a paraprofessional parent aide. Each team serves approximately six families at a time for a period of 90 days. At the end of that time, approximately two-thirds of the cases are closed with no further service needed; other families are linked to auxiliary supports. A detailed evaluation of 100 IFS families revealed that at the end of a one-year follow-up these families were less than one-fourth as likely to be placed in out-of-home care as families receiving traditional child protective services. The IFS families also have a much lower recidivism rate after two years. Based on the findings, the state estimates that serving approximately 600 families each year in the IFS program can save approximately $2.5 million a year in averted out-of-home care costs.

A Family Services Administration Is Needed

Using the same principles as the programs described above, Arizona could also create a service delivery system which would change the focus from rescue and legal sanction to one of prevention and cost avoidance. The administration would provide a continuum of home-and community-based family services directed at preventing entry into the juvenile corrections institutions, child protective services system, juvenile probation system, and the children's behavioral health system.

Because a cost avoidance approach is being used there would be no additional cost to the state after the third year. It generally takes three years to implement and reach a point where the initial up-front costs are offset by savings in other more expensive service areas. This does not mean that there would be a reduction in state expenditures for services. These services will always be needed. Instead, the rate of growth of expenditures for services such as foster care, juvenile probation, and other services for children and families would be reduced.

Children and families would be eligible for services from this program only if entry into another service delivery system can be prevented. Such eligibility criteria will ensure that costs are being avoided in other state-funded service delivery systems. At an average cost of $30,000 per year for incarcerating delinquents, or more than $7,000 per year for foster care, the costs which might be avoided are substantial. In order to document the effectiveness of such a program, an evaluation component would have to be funded. Evaluation is necessary to document that the services being provided are effective and are resulting in cost avoidance in other service areas.

SECTION TWO

CRISIS IN THE CHILD PROTECTIVE SERVICES AND FOSTER CARE SYSTEMS

CHAPTER III

CRISIS IN CHILD PROTECTIVE SERVICES

Recommendation

The Arizona State Legislature should appropriate adequate funds for the investigation of 100 percent of all reports determined appropriate for investigation, as well as provide adequate funds for case management and support services.

The Widening Gap Between Resources and Demand

For several years Child Protective Services in Arizona has not been investigating all of the reports it has deemed appropriate for investigation due to staff shortages. During fiscal year 1987-1988 more than 3,800 (20.6 percent) reports determined to be appropriate for investigation were not investigated. During fiscal year 1988-1989 approximately 2,900 reports were not investigated. This translates into almost 3,000 cases or 5,000 child victims. Who are these children?

Examples of Actual Reports Not Investigated

- "Neighbors always hearing children screaming (children ages eight, six, and two). On October 19, 1989 at 2:00 a.m. source heard children in yard and gun shots. Police called. Dad was gone. Mom denied everything. Lots of family violence. Dad likes guns. Two-year old child always out alone on busy streets and neighbors bring her home."

- "Children (ages seven, six, and four) are left alone from 4:30 p.m. until the following day. Children told school official. Mom asked about this and she denied it. Children say that they fix their own meals and put each other to bed."

- "Child (age eight) told his teacher that his mother works nights and Dad is in a drug rehabilitation hospital. Child is responsible for caring for his sisters and brothers (ages seven, five, and one). Eight-year-old comes to school smelly when he comes. Youngest child has severe head lice. Mom seems to be unresponsive to the needs of the children."

- "Home is filthy, kids sleep on the floor on piles of clothes. Mom is on cocaine. She works at a gas station, and brings home 'stray people.' Currently a man with obvious mental problems lives in the home and is watching the children (ages six and two). He purposely cuts himself and drips blood on paper. He calls it 'blood art.' Mother was previously in a psychiatric hospital."

Arizona's Child Protective Services Priority System

Arizona is one of the few states in the nation which has a formal priority system for determining which CPS reports will receive priority for investigation. The way the system works is that when a CPS report is taken the information gathered from the initial call is then assigned to one or several of 23 categories. The 23 categories fall into four levels of priorities which specify how quickly a report should be investigated. These levels are:

PRIORITY 1. Life-threatening and/or emergency situation.
Response Time: Respond immediately but no later than two hours after receipt of the call.

1. Death of a child
2. Severe physical abuse
3. Life-threatening medical neglect
4. (This number is now being reserved for a category yet to be determined by CPS.)
5. Immediate danger/child left alone
6. "Infant Doe"

PRIORITY 2. Dangerous but not life-threatening.
Response Time: Respond promptly but no later than 48 hours.

7. Serious physical abuse
8. Serious physical or medical neglect
9. Severe sexual abuse
10. Serious sexual abuse

PRIORITY 3. **Substandard child care that is not dangerous or life-threatening but is damaging.**
Response Time: Respond promptly but no later than two working days.

11. Moderate physical abuse
12. Moderate physical/medical neglect
13. Moderate sexual abuse
14. Emotional abuse
15. Reserved--See priority 4, No. 23
16. Inadequate supervision
17. Dependent child under the age of 12

PRIORITY 4. **Substandard care that can become damaging.**
Response Time: Respond promptly but no later than one work week.

18. Minor abuse and neglect
19. Potential abuse or neglect
20. Dependent child over the age of 12
21. Exploitation
22. Reserved
23. Delinquent or incorrigible child under the age of 8

Priority vs. Screening Out

Arizona's priority system has been a very effective tool for assisting staff in determining the order in which reports should be investigated. The system provides a tool to help rank the order of investigations when work loads do not allow immediate investigation of all cases. The danger with this system is that it sometimes is now being used to determine which cases will never be investigated.

The reports described above were all from the priority three group, item 16, which is inadequate supervision. Inadequate supervision does not sound as if it would be life threatening. However, when the age and specific circumstances of the child are reviewed it becomes apparent that very young children are being left along in situations which are very dangerous.

The potential danger involved with not investigating the priority three and priority four reports are highlighted by national statistics. The American Association for Protecting Children reports that 44 percent of all child maltreatment deaths result from some form of neglect. They also report that the average age of children who die from maltreatment is 2.8 years as compared to 7.2 years, which is the average age of all maltreated children.

In a 1988 national study conducted by the U.S. Department of Health and Human Services (HHS) the number of cases substantiated after investigation had increased from 43 percent in 1980 to 53 percent in 1986 (Study Findings: Study of National Incidence and Prevalence of Child Abuse and Neglect 1988.) In this study HHS made the following observations regarding the growth in substantiated CPS reports:

> The fact that a significantly greater proportion of reported children are now officially substantiated/ indicated implies that there is now greater selectivity of cases into CPS, which is most likely due to the use of more stringent screening standards.
>
> The finding that a significantly greater proportion of the set of unfounded CPS cases were cases which were countable by the study's original standards indicates that some of the children who would, in the past, have had their cases substantiated/indicated (and possibly received services as a result) are now excluded as unfounded.

Human And Social Costs

In addition to the obvious physical dangers, the negative effects of abuse or neglect on a young child's social, emotional, or cognitive development are significant. Runaway youths, teens with drug and alcohol problems, and youths adjudicated as delinquents often have histories of abuse or neglect. A maltreated child who later becomes a parent appears to be about 10 times more likely than another parent to abuse or neglect his or her own children. An estimated 30 percent of individuals who were physically abused become abusive parents themselves ("A Children's Defense Budget," 1988).

CHAPTER IV

CRISIS IN FOSTER CARE

Recommendations

- New culturally sensitive resources need to be developed to address the changing demographics of foster children, and adequate funding must be allocated to pay for these services.

- Comprehensive intake, evaluation, and short-term care facilities with on-site medical psychological, and educational facilities and staff should be developed in urban areas.

- The Arizona State Legislature should respond to the DES three year plan with the 200 staff requested by the DES in their 1991 budget to begin to meet the needs of Arizona's child welfare system.

- Sufficient funds should be appropriated to begin the three year DES plan to pay the actual cost of foster and residential care as determined by the Price Waterhouse Study (Three-year total $3,150,000).

Placement of children in homes or facilities other than their own has always been an integral part of child welfare services. The two primary reasons for placement of children are:

1. The child's home environment is too dangerous for the child to remain there.

2. The child needs treatment which cannot be provided in his/her home environment.

In Arizona, as with other states, children are placed in a variety of settings depending on what their needs are and what is available. The alternatives for placement in Arizona include the following:

Emergency Shelter Care. Emergency shelter care includes two types of facilities. First, there are professionally run shelters which generally have from six to 20 beds and are staffed 24 hours per day by professional child care staff. Second, there are receiving homes which are family foster homes licensed to receive up to five children on an emergency basis. Emergency shelter placements are designed not to last more than 21 days.

Family Foster Homes. Family homes are licensed for the care of up to six children. The majority of children removed from their own homes are placed in family foster homes.

Group Foster Homes Group homes are generally licensed to care for six to 10 children. They are small facilities which are intended to care for children on a long-term basis. They are staffed 24 hours per day by professional child care workers.

Residential Treatment Centers. These facilities are generally licensed to care for from 15 to 100 children. They provide treatment and are staffed by social workers, psychologists, and psychiatrists in addition to the child care staff.

The Foster Care Crisis In Arizona

The foster care system in Arizona is in as much a state of crisis as it is in the rest of the country. In 1989 the Children's Defense Fund reported that:

> Although many states report increases in request for foster home placement, most face a serious shortage of foster parents... Increases in drug abuse, births to teens, and economic hardship have contributed in part to a 71 percent jump in foster care requests since 1985. However, the number of available foster homes lags far behind the need ("A Vision for America's Future," 1989).

For children who must be placed for extended periods of time the preferred placement is a family setting. If children cannot be placed with relatives the next best placement is a family foster home. Placements in family foster homes, however, are not always available.

The following problems have contributed to the crisis in the family foster care system:

Demographics of Foster Families. Changes in society's demographics have made it difficult to recruit, train, and license an adequate number of foster homes. The ideal family foster home has always been considered to be a two-parent family in which one parent worked and the other stayed home and cared

for the children. This type of family was considered ideal because the abused and neglected children received the kind of attention from the foster parents necessary to help them deal with their special needs, but a family like this is now almost a thing of the past. Today less than 15 percent of all families fit that description. Instead, the majority of families are single parent or two-parent families in which both parents work. Consequently, many foster families today are single parents and two-parent working families who have less time to devote to the care of the foster children.

Demographics of Foster Children. Foster parents, child welfare professionals, and judges all report that the children being placed in foster care today have more problems and are more difficult to deal than children of 10 or 15 years ago. This change is due primarily to two factors. First, today's society has more family dysfunction than 10 or 15 years ago. There are now "crack babies," more teenage suicides, more high school drop outs, more children living in poverty, and a multitude of other problems that have increased over the years. The other major change is that child welfare services have severely restricted the types of cases that they will accept for services. Thus only the most severely abused and neglected end up in foster care, resulting in today's foster children needing more rehabilitation and more intensive care than children of previous years.

This change is reflected in the fact that in just the last 10 years the American Humane Society reports a growth of over 230 percent in child abuse reports, without a corresponding growth in children placed in foster care. In fact, a report (Mech, 1970) completed in 1970 showed that there were 2,300 children in foster care in Arizona then, as compared with 3,600 children in care today. This represents only a 57 percent growth in children in foster care in 20 years while there has been a 54 percent growth in CPS reports in just the last five years.

Foster Home And Residential Facility Reimbursement Disparities

Exacerbating the problem of finding appropriate placements for children needing foster care is the fact that Arizona is not paying the cost of care in either foster homes or residential facilities. A study conducted for DES by Price Waterhouse revealed that DES rates do not reflect the true cost of caring for Arizona's foster children. A survey conducted by the American Public Welfare Association of 1989 foster care reimbursement rates across the country shows Arizona ranking around 36th in foster home basic monthly maintenance rates.

Overburdened Staff

As the demands upon foster parents have grown, the professional staff available to support those foster parents has not kept pace. In the last three years there has been a five percent growth in staff while the number of CPS reports has grown by over 36 percent. According to the Foster Care Review Board the number of children in foster care grew 10 percent during the last year.

This growth in the work load cannot continue without children being endangered and foster parents quitting or providing poor care due to lack of support from staff. As staff shortages grow so will inappropriate placements and poor decision making because of overworked staff. Foster care caseloads will also grow without staff to focus on keeping children at home and returning children home.

SECTION THREE

RESTRUCTURING WITHIN THE SYSTEM

CHAPTER V

A PUBLIC-PRIVATE PARTNERSHIP

Recommendation

A 60-bed diagnostic shelter and intake facility should be developed in Maricopa County through a joint public-private partnership at an estimated cost of $3 million. (This would also serve as a pilot and model for the development of additional facilities as needed.)

The formal beginnings of child welfare services have their roots in the private sector. In 1874 the plight of a child named Mary Ellen spurred action against child abuse. Mary Ellen Wilson was treated brutally by her stepmother who beat her with a leather thong and did not provide her with adequate clothing. A neighbor appealed the matter to Henry Bergh, founder of the American Society for the Prevention of Cruelty to Animals. As a result of his efforts and those of others, Mary Ellen was protected, and the Society for the Prevention of Cruelty to Children was founded in New York.

This organization's purpose was to "rescue" children from situations that imperiled their morals, safety, health, or welfare. Clearly the emphasis was on child rescue rather than on family rehabilitation. Other states established similar protection societies. Although the early efforts in child welfare services were totally financed and directed by the private sector, government involvement in this vital area has grown to the point that the private sector is no longer significant in the financing and direction of these services.

The foster care crisis in this state yields a number of problems that could be alleviated by a planned public-private partnership. The Orangewood Children's Home in Orange County, California serves as an exemplary facility and program funded by such a partnership.

Arizona's Inadequate Shelter System

Placement decisions for foster children ideally should involve a step-by-step process directed towards placing a child in foster care that best meets the needs of the child. Instead, decisions are often based upon one criteria--a bed is available.

Placement Process. The placement process in Arizona has the following problems:

1. Lack of Appropriate Placements

   Most children in foster care are initially placed in an emergency shelter facility or foster home. These placements are supposed to be temporary until the needs of the child can be determined and a placement that meets those needs is found. In many instances these "temporary" placements end up lasting many months because there is no foster home available to place the child. Frequently the agency is forced to place a child in a foster home which cannot meet the needs of the child because it must move the child in order to free up beds for more emergency placements. In many of these cases the child ends up back in a shelter because the foster family cannot handle the child and then the process begins all over again.

   Family foster care is not the only type of placement facility in which shortages exist. In many instances children must wait for long periods of time for a vacant bed in a group or residential care facility which can meet the child's needs.

2. Shelters Lack Capacity To Evaluate Children's Needs

   Children's shelters in Arizona do not have the staff necessary to determine a child's needs. Consequently children must be transported to a variety of places for medical exams, psychological evaluations, and other assessments, which is both time consuming, costly, and disruptive for the child. Ideally this process of evaluation should occur at the shelter facility with on-site staff. Instead, appointments have to be made which in many instances cannot be scheduled until weeks after the placement, leaving the children and families in limbo, and causing longer than necessary placements at additional cost.

3. Shelter Placement Disrupts Education

   None of the shelters in Arizona has an on-site school and must consequently depend upon the local schools. In most instances the children placed in shelters will have their education disrupted for a minimum of a few days, in

many cases for weeks. Shelters are usually not located in the same district that the child is from, and the child, in order to attend school, must thus be transported long distances to the district he or she came from or be enrolled in the district in which the shelter is located. Enrolling a child in a new district is, in many instances, not realistic when the child may be moved again within a very short time.

4. Inadequate Shelter Beds

In Maricopa County the DES is contracting with non-shelter care facilities for emergency shelter care due to a lack of shelter care beds. In some instances there are no shelter beds because the shelters are full of children waiting for family foster care and other placements which may not become available for months.

5. Shelters Cannot Accommodate Sibling Groups

In many CPS cases there are several children from one family (a sibling group) who must be placed. At a time when children are being taken from their parents it is important to keep the children together. This, however, is not possible because it is rare that a shelter has enough vacant beds or is licensed to accommodate a sibling group. Children are consequently not only separated from their parents but also from their siblings.

The Orangewood Model In California

An excellent model for a public-private partnership in child welfare services exists in Orange County, California. The project, described below, could be duplicated in Arizona with some changes.

In 1980, the Orange County Board of Supervisors was confronted with a serious dilemma. Orange County's 68 bed-shelter facility for abused and neglected children was overflowing. Children slept in hallways, porches, and anywhere a mattress could be placed. Because Orange County is a county-administered child welfare system, the county was responsible for the care of abused or neglected children.

The result was "Orangewood," a non-profit corporation formed solely to raise money for a new children's shelter of the same name. The coalition of business and community leaders raised $6.4 million in donated funds, and the county paid for the balance of the $8 million cost. The 166-bed Orangewood Children's Home was completed in November 1985.

The Orangewood Facility looks more like a condominium development than a shelter. Its homelike atmosphere is a result of a number of separate housing units for different ages of children. It was built incorporating Spanish-style architecture, with red-tiled roofs, stucco walls, lawns and gardens. The living units give a feeling of privacy and warmth with individual bedrooms which have been professionally decorated. Each unit has fireplaces, comfortable furniture, and kitchens which are used for special occasions. Except for younger children the meals are served in a community dining hall.

In addition to the six living units the facility includes a two-story, multi-purpose building (main reception area, infirmary, nursery, toddlers unit, assessment-treatment, and administrative facilities). Orangewood also has a school for grades K-12, gymnasium, and playing fields.

The facility has full-time medical staff who can do physical exams including examination for physical and sexual abuse. In addition, all psychological and psychiatric evaluations are completed on site. Its on-site sexual abuse investigative unit is staffed by a district attorney, law enforcement officers, and CPS staff. There are interview rooms with one-way mirrors and the equipment to audio and videotape interviews with the children.

Orangewood Foundation's Continued Efforts. The original plan was to raise the funds, build the facility, turn the facility over to the county, and disband. However, because they were so successful in raising funds Orangewood's developers decided to continue the Orangewood Foundation and its efforts on behalf of abused and neglected children. Its ongoing efforts now include the following:

1. Children's Trust Fund, which provides special needs items for dependent children after they have left Orangewood. Such items include medical equipment not covered by Medi-Cal, work uniforms, orthodontia, and educational scholarships.

2. Foster home recruiting and retention, the goal of which is to ensure that there are adequate foster homes for long-term placements so that Orangewood will not have to be expanded.

3. Supporting existing or pilot programs, which serve abused children. This primarily involves fund raising.

4. Support of child welfare issues, which provides information to legislators on local, statewide, or national levels to assist and enhance the care of abused and neglected children.

The Orangewood Foundation continues to raise millions of dollars to help abused and neglected children.

A Public-Private Arizona Partnership

With the right leadership, a public-private partnership could be formed in Arizona to raise funds for a facility in Arizona similar to Orangewood. Such an effort could renew the kind of partnership which once existed in child welfare services and which currently exists in other arenas such as the many efforts that private businesses are making on behalf of public education.

Location. The Orangewood project was for a county which has a population of approximately two million people in a 700-square mile area. The Phoenix metro area has a similar population and appears to have the most severe problems with placements of children. Thus it would appear to be the most logical place for the first such facility in Arizona.

Size. Because the Phoenix metropolitan area may be more spread out than the Orange County population, one centrally located facility for the entire valley does not make logistical sense. Instead, it would probably be more realistic to plan for three small (approximately 60 - bed) facilities strategically located throughout the valley.

Pilot Project. Rather than attempt to raise funding for three facilities, the project would focus initially on the development of the first 60-bed facility. Such a facility could be developed with all the same facilities as Orangewood, only on a smaller scale.

Cost. A rough estimate of the cost for a 60-bed facility would bed $2.5 million, assuming that the land is donated.

Benefits. An Orangewood-type facility would:

- Provide a central location for diagnosis and evaluation of abused and neglected children in need of shelter care.
- Reduce multiple placements by providing a safe and stable environment until the child is either returned home or placed in a more permanent placement appropriate for his or her needs.
- Provide immediate medical care and examination through on-site nurse practitioners and on-call physicians.
- Eliminate the possibility of children being left in dangerous situations due to lack of appropriate placement.

- Provide a location for family visitations. Currently there are no facilities other than CPS offices which can be used for such purposes.

- Eliminate the need to split up siblings due to lack of a facility able to accommodate placement of several children at once.

- Assure children of no interruption in their education because of an on-site educational program.

CHAPTER VI

SERIOUS COMPENSATION ISSUES

Recommendations

- **There should be a comprehensive review of qualifications, salary levels, recruitment, retention, and training of CPS workers and supervisors.**

- **A classification series should be established which provides a career ladder for CPS staff with levels of promotion not requiring moving into supervision or management.**

Adequate numbers of qualified, motivated and highly trained staff are critical to the success of any organization and so it is with child welfare and child protective services. In its 1989 report "A Vision for America's Future," the Children's Defense Fund reported that:

> In every state the demands for strengthened child and family services fall on beleaguered staffs. Poor salaries, insufficient training, and inadequate support make it difficult to recruit and retain staff for public child-serving agencies...Yet competent, caring staff members with realistic caseloads are the key to the successful implementation of effective programs and policies for at-risk children and families.

The professional staff who are responsible for CPS investigations and ongoing case services to CPS clients are classified as "Human Services Specialists." Human Service Specialist is a state personnel classification series which includes three levels within the series. Those levels are Human Service Specialists I, II, and III. The only state agencies that employ this series of classifications are the Department of Economic Security and the Arizona Health Care Cost Containment System (AHCCCS). In addition to Child Protective Services, these classifications are used for most professional case management functions performed by the DES Division of Developmental Disabilities and the Aging and Adult Administration.

Reasons for Staff Turnover

In 1989 the Administration for Children, Youth and Families (ACYF) had a 18.5 percent annual turnover rate. An additional 20 percent of the ACYF staff transferred within ACYF. Overall, during a one-year period of time, over 38 percent of all positions within ACYF were vacated due to staff turnover and movement.

The following findings were collected from exit interview questionnaires administered to 50 ACYF employees who were leaving the agency for employment elsewhere:

- Ninety-seven percent were taking new employment that included a pay scale above or equal to their salary with the state.

- Three primary reasons for leaving were:
  1. Lack of advancement opportunity.
  2. Salary issues
  3. Job stress and workload issues.

Salary Comparisons

The professional level staff who are responsible for CPS intake and ongoing functions are Human Service Specialists II and III. (The Human Specialist I classification is used to a limited extent for non-CPS functions.) The Human Service Specialist III is used for CPS intake and lead worker positions in ongoing units, while the Human Service Specialist II position is used for all CPS casework functions with CPS clients other than intake investigations.

The following information is not intended as a job classification review, but it does give some idea of where CPS intake and ongoing staff stand in relation to jobs which have similar educational requirements or similar functions.

In the below comparison with teachers, positions are for a B.A.-level teacher with no experience and a nine-month contract.	HSS I requires a B.A. degrees or equivalence of education and experience. HSS II requires a master's or equivalence. HSS III requires master's and one-year of experience or equivalence

	Teacher	HSS I	HSS II	HSS III
Chandler	$22,181	$16,171	$19,038	$22,237
Mesa	22,099			
Tempe	21,000			
Phoenix	20,686			

As can be seen above, the HSS II with a master's degree has a starting salary which is $1,600 to $3,100 dollars below that of a teacher with a bachelor degree on a nine-month contract. If the teachers' salaries are annualized the difference is as high as $10,500, or 50 percent more. This adjustment for annualized salaries still does not take into account the additional educational requirement for CPS staff.

A review of positions in other public agencies performing functions similar to those of CPS staff shows a similar discrepancy in salaries. Maricopa County Juvenile Probation Offices have a series of line worker positions with beginning salaries of $21,195 for a Juvenile Probation Officer I which requires a B.A. degree and no experience. The position closest to the HSS III (CPS) intake is the JPO III position, with a salary range from $27,269-$36,858. The HSS III position has a salary range from from $22,237-$33,654 or a starting salary of 22 percent less than that of the JPO III position. At the line supervisor level, the JPO supervisor has a salary range of $32,906 to $44,512, while the CPS line supervisor has a salary range of $24,098 to $36,470. The JPO supervisor thus has a starting salary 33 percent higher and a salary cap 22 percent higher than that of a CPS supervisor.

In a review of Maricopa County Health Department positions the pay discrepancies with CPS staff are similar. Their Counselor III positions which require a master's degree have a starting salary of $25,833 compared to the HSS III, which requires a master's degree and has a starting salary of $22,237.

It is apparent that the Department of Economic Security is not in a competitive position to attract and retain staff who, with similar qualifications, may be able to obtain employment at higher beginning salaries with higher salary ranges in other agencies.

Minimum Qualifications for CPS Staff

A major flaw in the minimum qualifications for CPS staff is that the job specifications allow substitution of experience for education on a year-for-year basis. This means that someone without any kind of degree can become a CPS worker. About 15 percent of all CPS staff do not have a college degree.

The American Association for the Protection of Children recommends that the basic education standard for child protection workers be a Bachelor's Degree in Social Work (BSW) or a Master's Degree in Social Work (MSW). This recommendation is consistent with the findings from the Boos, Allen & Hamilton, Inc. report prepared for the state of Maryland which found that MSW workers performed all social services tasks more effectively or better than workers with other degrees. The MSW degree was found to be a valid predictor of overall job performance.

The 1987 national study of state social work job requirements report completed by the University of Southern Maine indicates that costly turnover of staff can be reduced when states provide educational upgrade incentives. The same report shows that there is less turnover among staff holding graduate degrees.

Supervisory Qualifications

The National Association of Public Child Welfare Administrators (NAPCWA) recommends that CPS supervisors have an MSW degree and experience in child protective services. In addition they state that CPS workers and supervisors should have the following values:

- Belief in capacity of people to change;
- Recognition of the dignity of the child as an individual;
- Commitment to the child's family as the preferred unit of child rearing and nurturing.

Training

Providing child protective services is an extremely complex and demanding job because the problem of child maltreatment has legal, medical, psychological, social, economic, and political dimensions and requires the involvement of many professional disciplines to resolve. CPS staff probably play the most important role among all professionals involved in the child abuse and neglect field. It is, therefore, critical that CPS staff receive the best training available on a continuing basis to ensure that their level of competence in all required knowledge and skill areas remains high.

DES has an outstanding CPS training program dealing with the legal and investigative aspects of the job function. The program includes a total of 80 hours of training by legal, medical, psychological, and CPS professionals. In addition CPS staff are required to complete an 80-hour self-learning training program at their work site prior to attending the CPS core training in Phoenix or Tucson.

There are, however two major areas in which the training falls short:

1. There is no formalized training program for CPS supervisors. Front-line supervisors play a critical role in the selection, training, and supervision of CPS workers. They also play a critical role in the decision-making processes on all CPS cases, in interpreting policy, accessing community resources, and in working with other community agencies.

2. There is no comprehensive training program for ongoing workers who case manage CPS cases <u>after</u> the investigative phase. Once the investigation is completed workers must begin the process of remediation with families, placement in foster care, development of plans, accessing services, and working with other community agencies on behalf of the CPS clients. Without proper training these functions cannot be properly carried out.

CHAPTER VII

CHILD WELFARE AND BEHAVIORAL HEALTH SERVICES

Recommendations

- A priorities-setting system for behavioral health services should be developed targeting the most vulnerable children. It should give first priority to children at risk of entering a hospital, or any state institution for care. The next priority should be to children at risk of entering the child protective services, juvenile probation, or the public welfare system.

- As recommended by the Children's Behavioral Health Council, greater collaboration should occur among the various state agencies serving children in Arizona. Such collaboration should include joint planning, coordinated budgeting and contracting processes, and integrated services delivery.

Over the last few years, hundreds of children have entered the child protective services system because they were seriously emotionally handicapped and in need of intensive mental health services. In 1985 almost 70 percent of all children for whom CPS was paying residential care had never been abused or neglected by their parents. Parents who had no insurance or whose insurance would not pay $25,000 to $300,000 per year for intensive treatment service were forced to abandon their children in order to make them eligible for Child Protective Services. Historically, the Department of Health Services has not had the funds to deal with these children, and they have ended up in the child protective services or juvenile corrections systems. The primary service available from DHS was placement in the state hospital for evaluation but limited treatment programs were available. Furthermore, behavioral health services in Arizona has traditionally been an adult-driven system focused on the individual with no intensive family services available.

Legislative Changes

The 38th legislature passed House bills 2335 and 2338 which became Arizona Revised Statutes (A.R.S.) 36-3421-22 and A.R.S. 36-3431-35. These two statutes are significant because they have appropriated funds and established a plan of action for dealing with the serious lack of children's behavioral health services in Arizona. These statutes:

- Acknowledged that Arizona was in need of improved behavioral health services for children.
- Recognized that increased funding is necessary to address children's and families' needs and appropriated $5,000,000 in FY 1988/1989, and $7,300,000 in FY 1988/1990.
- Mandated the development of a single, comprehensive, coordinated children's behavioral health system during a five-year period ending 1993.
- Assigned to the Department of Health Services the lead responsibility for the development and implementation of the comprehensive system.
- Mandated that the Departments of Corrections (ADC), Economic Security (DES), Education (ADE), Health Services (DHS), and the Supreme Court (AOC) enact intergovernmental agreements and develop a funding and services plan.
- Instituted the Children's Behavioral Health Council to oversee the development of the children's behavioral health system.

Characteristics of Children Needing Help

Evidence suggests that the profiles of children and adolescents coming before both the child welfare and mental health systems are increasingly similar, with both systems reporting serious problems and more widespread patterns of violence and dysfunction among the families. For example:

> A recent study of older children in foster care in Virginia, comparing case records of children entering care in 1975 with those entering care in 1985, concluded that the FY 1985 children evidence more emotional/behavioral problems (57 percent compared with 41 percent), more parent-child conflict (55 percent compared with 32 percent) and more substance abuse (30 percent compared with 10 percent) (Virginia Department of Social Services, 1986).

> At a recent congressional hearing on children's mental health, testimony from mental health officials pointed to a dramatic change in the population of children they were serving--more disturbed, more violent and more substance abusing (Select Committee on Children, Youth, and Families, 1987).

Several state studies comparing children in out-of-home placement across different systems point to similarities among children in the different systems:

> A 1984 New York report found that close to half of the children in mental health facilities were judged to be seriously emotionally or behaviorally disordered, but so too were one-third of the children in juvenile justice facilities and one-quarter of the children in the child welfare system. Similar studies conducted in other states such as Ohio and Missouri have produced similar findings (Knitzer, 1989).

It became evident at the national level that new policies had to be formulated to ensure that a new focus on children would involve the integration of children's mental health services into other service delivery systems. The vehicle for this new focus is CASSP, the Child and Adolescent Service System Program, created by Congress in 1984.

CASSP was a response to three realities. First, for the most part, mental health departments were ignoring children. Second, children in need of mental health services were more likely to be the direct responsibility of the child welfare than the children's mental health system. Third, the children's mental health system, such as it was, was out of balance. Virtually all the resources were targeted on the most restrictive care, despite evidence that carefully developed, intensive community based services, and even home-based services, could be effective alternatives (Knitzer, 1982).

Arizona's Services to Mentally Ill Children

The situation in Arizona has been underscored by an authoritative national study, "Care of the Seriously Mentally Ill: A Rating of State Programs" (Public Health Research Group and the National Alliance for the Mentally Ill; Sidney Wolfe, E. Fuller Torrey, and Laurie M. Flynn). This report cited Arizona as spending less per capita on mental health than any other state in the union and highlighted children's services as being particularly deficient.

In its first annual report the DHS Children's Behavioral Health Council states that

> During this period, most behavioral health services of children in Arizona, particularly for seriously emotionally disturbed children, were provided By Default by the Department of Economic Security (DES), through their Administration for Children, Youth and Families (ACYF), the administration mandated to offer children's protective services (CPS).

The Children's Behavioral Health Council Report goes on to state that in Arizona

> Behavioral health services for children came to be offered by DES, ADC, and the JPO with some outpatient services available through DHS. The school districts, too, were involved with the service delivery system, since they have a mandate to provide special education services to handicapped children, including the seriously emotionally handicapped. These departments all had separate delivery systems. No efforts were made to integrate services, although the same providers were generally used.

Children's Behavioral Health Services: Current Status

Since its first meeting in December 1988, the Children's Behavioral Health Council in Arizona has made good strides in developing a children's behavioral health service delivery system which is an integrated part of the overall children's services delivery system. One accomplishment of particular significance for child welfare service is the initiation of collaboration projects between DES and DHS in Maricopa and Pima Counties.

Collaboration Projects. Maricopa and Pima Counties collaboration projects focus on children with serious emotional disturbances who are on the Child Protective Services caseload. These projects are designed to provide centralized and coordinated intake and coordinated case management services through the behavioral health administrative entities. If successful, it is anticipated that this model will be expanded statewide and phased in to cover emotionally disturbed children in all five state agencies that deal with emotionally disturbed children. If the model is implemented statewide, it will ensure compliance with statutory requirements addressing centralized intake and coordinated case management services.

Progress has also been made with the placement of severely emotionally disturbed children in need of intensive treatment. The DES's Administration for Children, Youth, and Families reports that since DHS has been funded for the case management placement of seriously emotionally handicapped children they have not had a single private petition filed on such a child. This is a tremendous improvement over what had been occurring. Although progress has been made in the placement and case management of severely emotionally handicapped children, the behavioral health system in Arizona is still in its infancy in early intervention and family preservation services. The first annual report of the Children's Behavioral Health Council has made a number of recommendations about early intervention and family preservation services which, if followed by the behavioral health entities, should result in programs that will reduce the deterioration of family situations and prevent the need for more costly forms of care.

A Priority Se\. ing System: The Ventura Project

The Ventura Project is a collaborative effort begun in Ventura County, California in 1985. It is formally called the "Ventura County Children's Mental Health Services Demonstration Project" and is receiving national recognition for its innovative approach to children's ental health services.

The innovative aspect of the project is that it does not provide treatment on a first-come, first-serve basis as has been traditional with children's mental health service. Instead, the most vulnerable child populations are targeted for service, namely multi-problem children and youth who are identified as mentally disordered juvenile offenders, mentally disordered court dependents, seriously emotionally disturbed special education students and state hospital candidates and residents and who are separated or at <u>imm</u>inent risk of separation from their families. This project is very clearly directed at preventing or reducing costly and sometimes ineffective out-of-home treatment.

Because interagency coordination is critical to the success of the program, formal agreements among the project, juvenile justice agencies, child welfare agency, and the schools have developed. These agreements spell out each agency's responsibilities, including case management and other services which must be provided.

The results of this project have been impressive. In a 1987 report (Ventura County, 1987) covering the first 27 months of the project it was reported that juvenile justice and CPS out-of-county placements had been reduced by 25 percent, juvenile offender recidivism of those in the program was reduced by 56

percent, and hospitalization of children in the state hospital had been reduced by 72 percent. Other categories of program success measurement showed similar results.

Using the same basic approach Arizona could not only target those about to enter some kind of out-of-home placement but go a step beyond and also target those children and families who are about to enter the juvenile justice, child welfare, or welfare systems and who could be helped by immediate services for their mental health problems.

Targeted adults would include those unable to parent or hold a job due to mental illness. They would receive priority for services so that their families would not become dependent on the welfare or child protective services systems. Targeted children would include those in need of help to prevent out-of-home placements and those who can be helped in order to keep them out of the juvenile justice, child welfare, or special education systems.

Because the Arizona children's behavioral health system is just beginning the process of collaborative efforts, such a system could be incorporated with much less effort than an already established system would require.

SECTION FOUR

A VISION FOR THE FUTURE

SUMMARY: A VISION FOR THE FUTURE

Leadership is needed and courageous actions essential across various systems in order to address the multiple needs of thousands of Arizona's children who are abused and neglected, in foster care, have serious emotional problems or multiple needs, and to adequately support their families.

First, we could prevent many of these problems by making necessary investments to assure Arizona's families and children adequate food, shelter, health care, education, and employment.

Second, and at the same time, specific actions must be taken to establish a service system that can respond to the comprehensive, individual needs of children and families, regardless of how they may have been categorized and assigned by a particular public agency. Our long-term goal should be to develop a single, integrated, family-based system that serves vulnerable children and adolescents and has the capacity to assess, mobilize, and utilize all of the various resources necessary to meet their multiple needs.

A crucial part of such a system will be staffs that are appropriately qualified, trained, and compensated. Personnel must have available to them a system for fully assessing the varied needs of children and youth who need help and a continuum of services and other resources that can be flexible and meet the individual needs of children as they are identified.

Such a system of care should adhere to the following principles as articulated by the Children's Defense Fund (CDF) in its 1989 Children's Defense Budget.

- Each child should receive a full developmental assessment that identifies his or her strengths and needs.

- Services should be provided to the child and family in their own home, if possible, or in the least restrictive and most family-like setting appropriate to the child's needs.

- The family should be involved fully in all services provided to the child.

- Children should have access to a continuum of services, nonresidential and residential (including, at a minimum, early intervention, a variety of in-home services, respite care, foster family homes, therapeutic group homes, and residential treatment programs), that affords them the flexibility to move easily from more restrictive to less restrictive settings.

- A case advocate or case manager should be available to help the child and family negotiate the various systems that provide services and to ensure the provision of appropriate care.

- For children for whom out-of-home care is necessary, timely efforts should be made either to reunify them with their families or, where that is not possible, to place them with new permanent families through adoption. All youths, especially those in care who will not return to families or be adopted, should get special help during their early teen years and beyond to assist them in the transition to independent living and prepare them for future self-sufficiency.

- All parties involved in the receipt of services should be assured of basic protections. At a minimum, these should include case plans, periodic reviews, and due process protections, such as the right of a family to participate, with representation, when important decisions relating to its child's future are being made.

There is little conceptual or philosophical disagreement in our state about the desirability of more coherent, comprehensive, and preventive service systems that support families more effectively and adhere to the CDF principles. However, to actually create such a system requires the kind of leadership that is prepared to rethink and reorient service organization, finance, and delivery, while at the same time appropriate sufficient resources to adequately serve the needs of the children and families already in the system.

The changes envisioned in this report will require a number of years to accomplish and in one sense will never be complete. There is no finished or ideal system of family and children's services. As knowledge expands, it will be necessary to develop still more effective methods for providing services. The recommendations in this report provide a framework for advancing this knowledge, while at the same time assisting the thousands of children affected by Arizona's multiple systems of care.

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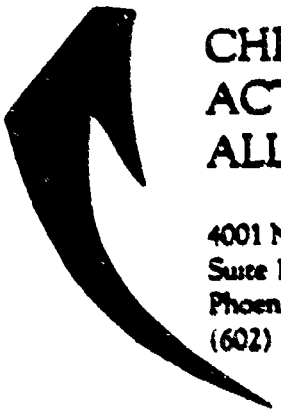

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